



LOG OF SUPERVISED DRIVING PRACTICE

State Form 54706 (6-11)
INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
 2. Must present completed form upon application for license.
 3. Please attach additional sheets as necessary.

SECTION 1. DRIVING LOG

Driver Name (Last, First, Middle Initial)	Driver's License Number (DLN)
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Bioptic Drivers Only - Please Check Here: (Bioptic drivers are not required to drive at night.)

DATE (mm/dd/yyyy)	Drive Time Hours/Minutes			DATE (mm/dd/yyyy)	Drive Time Hours/Minutes	
	DAY	NIGHT			DAY	NIGHT

SECTION 2. AFFIRMATION AND SIGNATURE

I certify that the driver above has completed fifty (50) hours of supervised driving practice, ten (10) of which included nighttime driving practice, with a licensed instructor or driver at least twenty-five (25) years of age, or twenty-one (21) years of age if the spouse of the driver. (Applicants eighteen (18) years of age and older do not need parent or guardian signature.)

I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.

Printed Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian (if Applicant is under eighteen (18) years of age)	Date (mm/dd/yyyy)
Signature of Driver (if Driver is eighteen (18) years of age or older)		Date (mm/dd/yyyy)